

Name
in
Full

Richard Barnes

CERTIFICATE OF DEATH

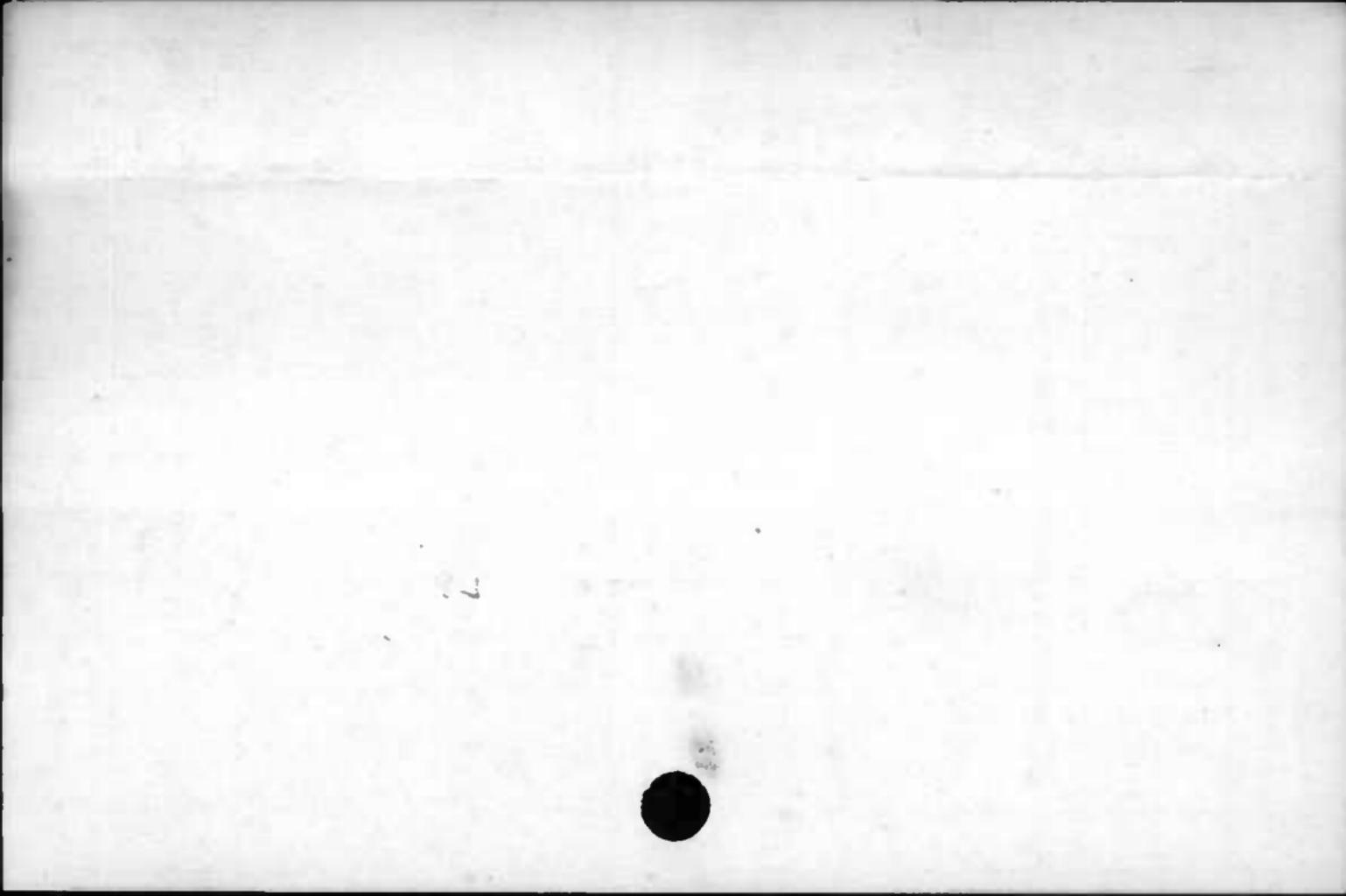
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Male	Color or Race	Age	99	
Occupation	Labmer		Where Residing if not at place of death	Sh May 3. Kings Barnes	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name					How related to deceased
Name of person giving information	Stephen				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(54)		How long
Immediate	Senile debility		Jaified gradually
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
Accident or Suicide?	✓		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Augustus Brown

Died at Valley Lee		Town St. Marys		County St. Marys		CERTIFICATE OF DEATH	
Date of death	1906	Month Jan.	Day 16	Years 1	Months 2	Days 16	MARYLAND
Sex	Male	Color or Race	Colored	Birth-place	St. Marys Co.		
Occupation			Where Residing If not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Gustavus Brown		Father's Birthplace		St. Marys Co.	
Mother's Maiden Name		Lethia Lamerree		Mother's Birthplace		St. Marys Co.	
Name of person giving information		Lethia Brown		How related to deceased		Mother	

CAUSES OF DEATH

Primary

Pertussis

(S)

How long

14 days

Immediate

Bronchitis-Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

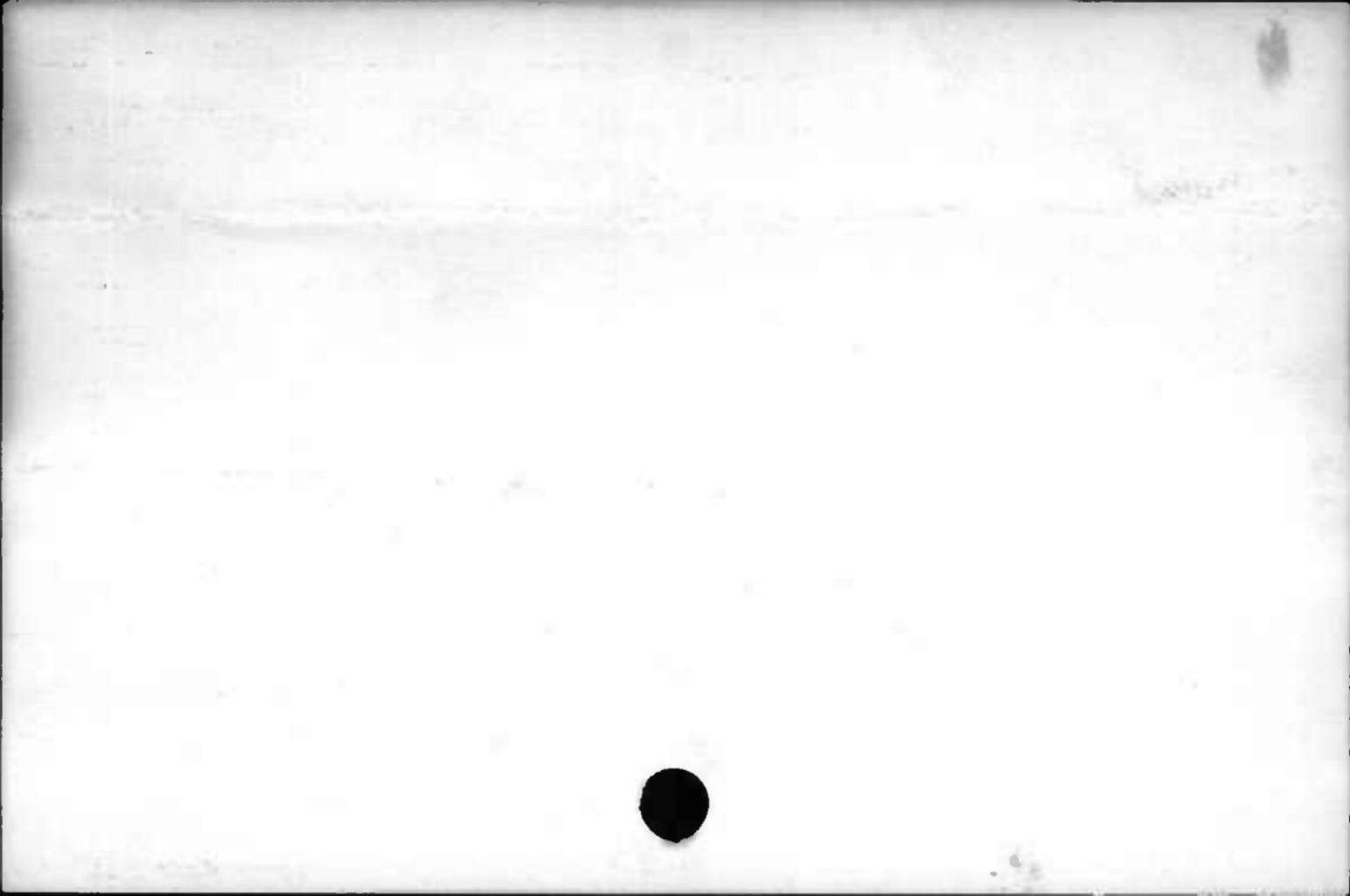
Yes

Signature of Physician

Address

J. Horner Lynch, M.D.
Valley Lee,
St. Marys Co., Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Great Mills Town Shady County				MARYLAND			
Date of death 1906	Month Jan.	Day 27th	Years 29	Months	Days		
Sex Male	Color or Race White				Birth-place Shady		
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name George Berry Cecil			Father's Birthplace Shady				
Mother's Maiden Name Susan Symonich			Mother's Birthplace Shady				
Name of person giving information Father			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

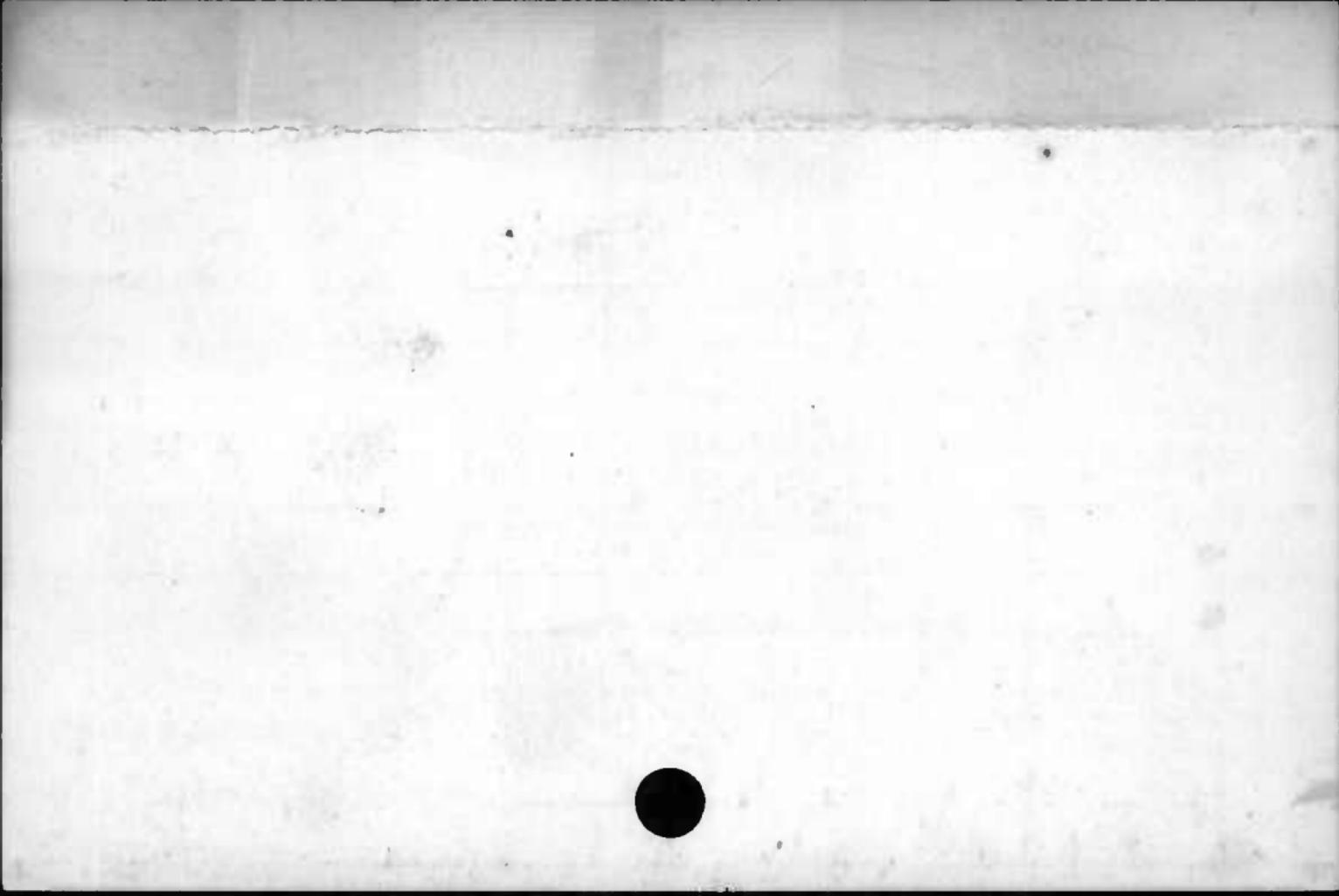
Signature of Physician

Henry Richardson

Address

Great Mills, Md.

Accident or Suicide?



Name
in
Full

George Chedolaine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 1	Day 19	Years 32	Months	Days	
Sex	male	Color or Race	white	Birth-place	Md		
Occupation	Oysterman			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Sarah Frances Chedolaine				
Father's Name	John Kenellie Chedolaine			Father's Birthplace	Md		
Mother's Maiden Name	Mary Frances Bailey			Mother's Birthplace	Md		
Name of person giving information	John William Chedolaine			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

13 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

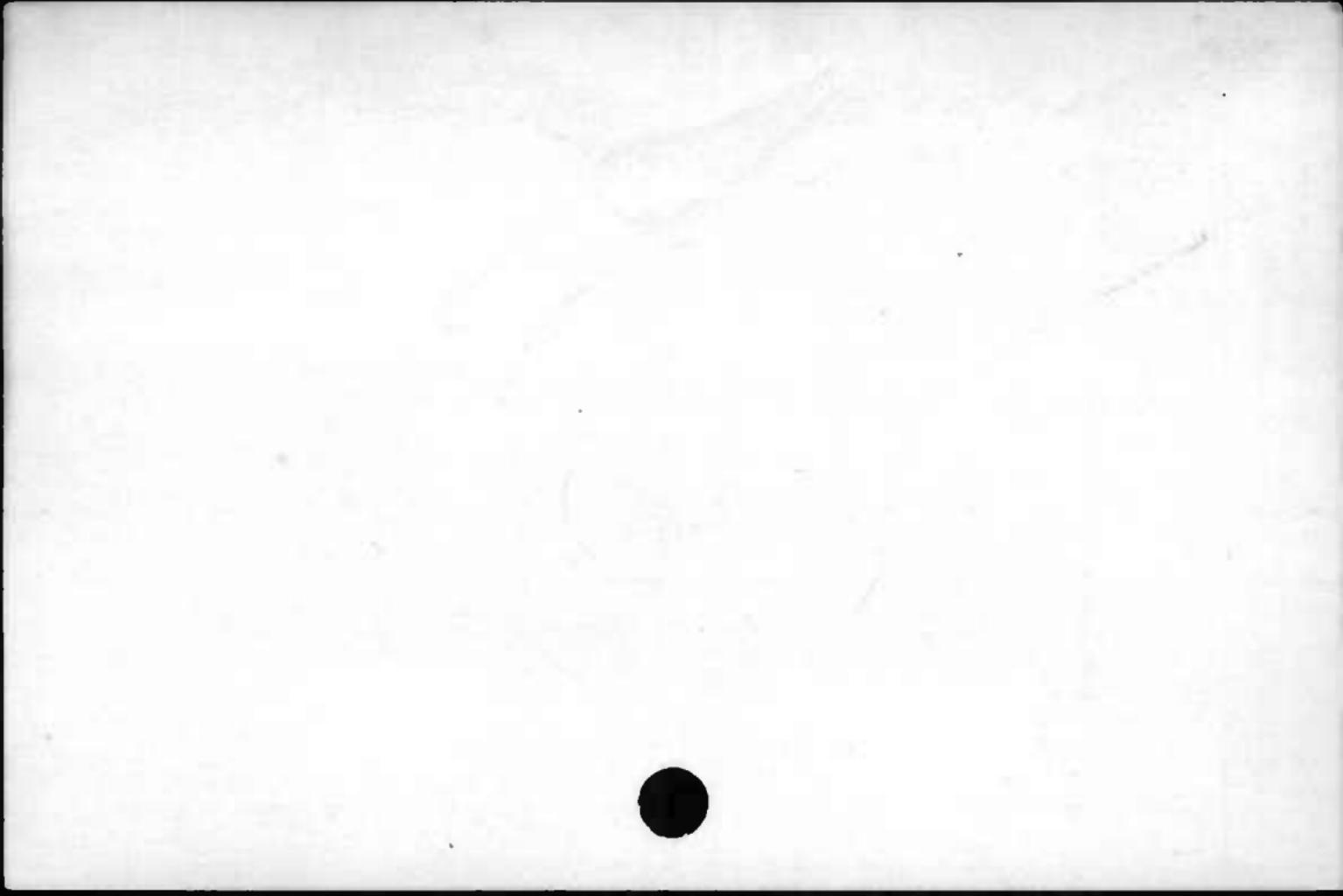
Signature of Physician

ROBERT V. PALMER

Address

Palmer
Md

Accident or Suicide?



Burman Clark

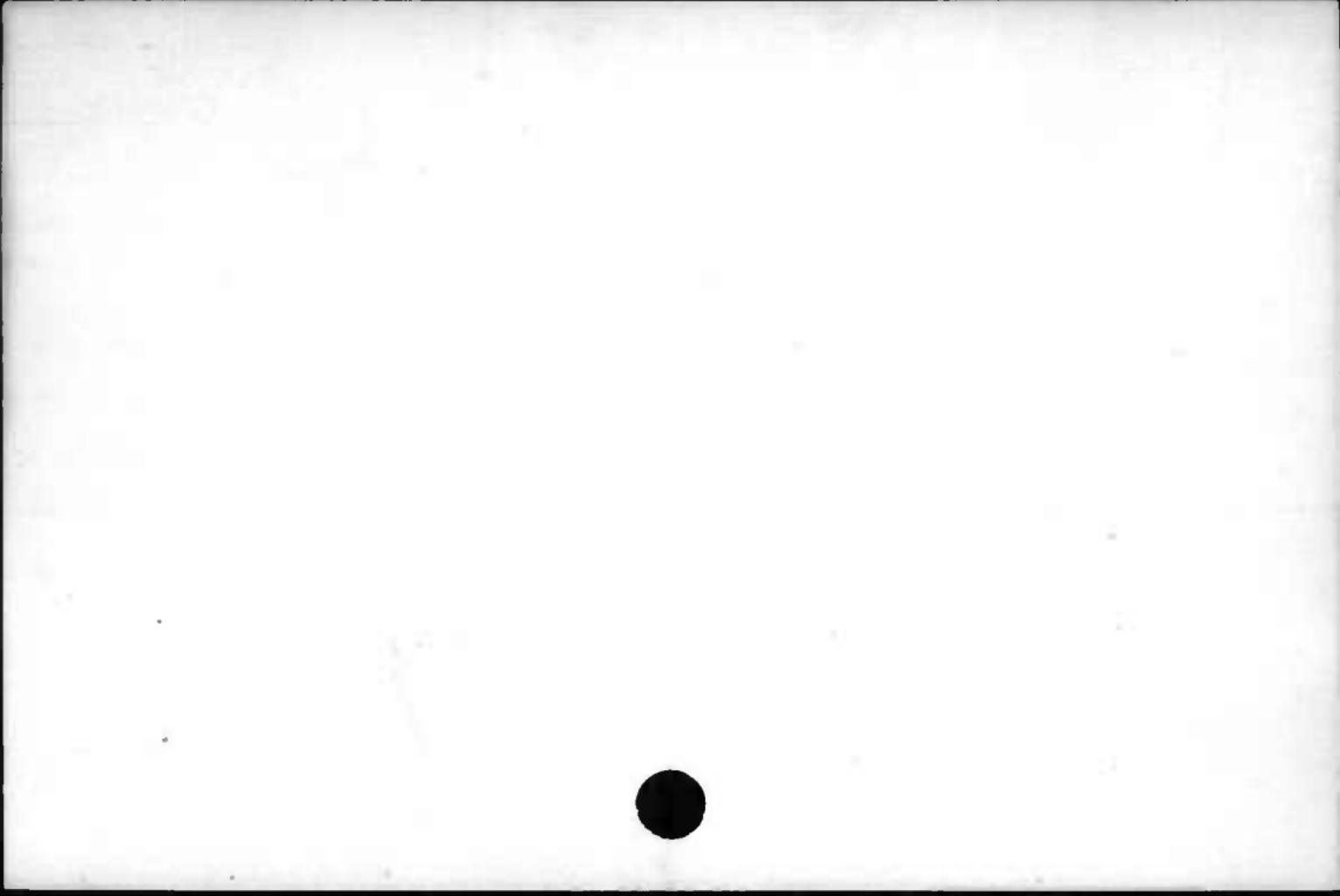
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Hollywood		Town		County		MARYLAND	
Date of death	1906	Month	July	Day	1	Years	55
Age		Color or Race	white	Months		Days	
Sex	Male	Occupation		Where Residing if not at place of death	St. Marys 62		
Married, Single or Widowed	Married	Name of Wife or Husband	Miss Wilkinson				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Elaram Clark					How related to deceased	Son

CAUSES OF DEATH

Primary	Valvular heart disease		How long	About one year
Immediate	Overexertion		How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Lynch	
		Address	Leonardtown	
Accident or Suicide?		✓		



Name in Full

Certificate of Death

Wm. H. Cutchumber

Town

County

MARYLAND

Died at Hermannville

Month Day

Y. M. D.

Native of

Occupation

Date 1906

Age

78

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband
wife

Ellen Cutchumber

Father's
Name

Jacob Cutchumber

Mother's

Maiden Name

Emaline

Cause of

Primary

Heart trouble

How long sick

Sudden

Death

Immediate

Strangulation

Accident, Suicide, Homicide

Reported by

L. T. Clarke

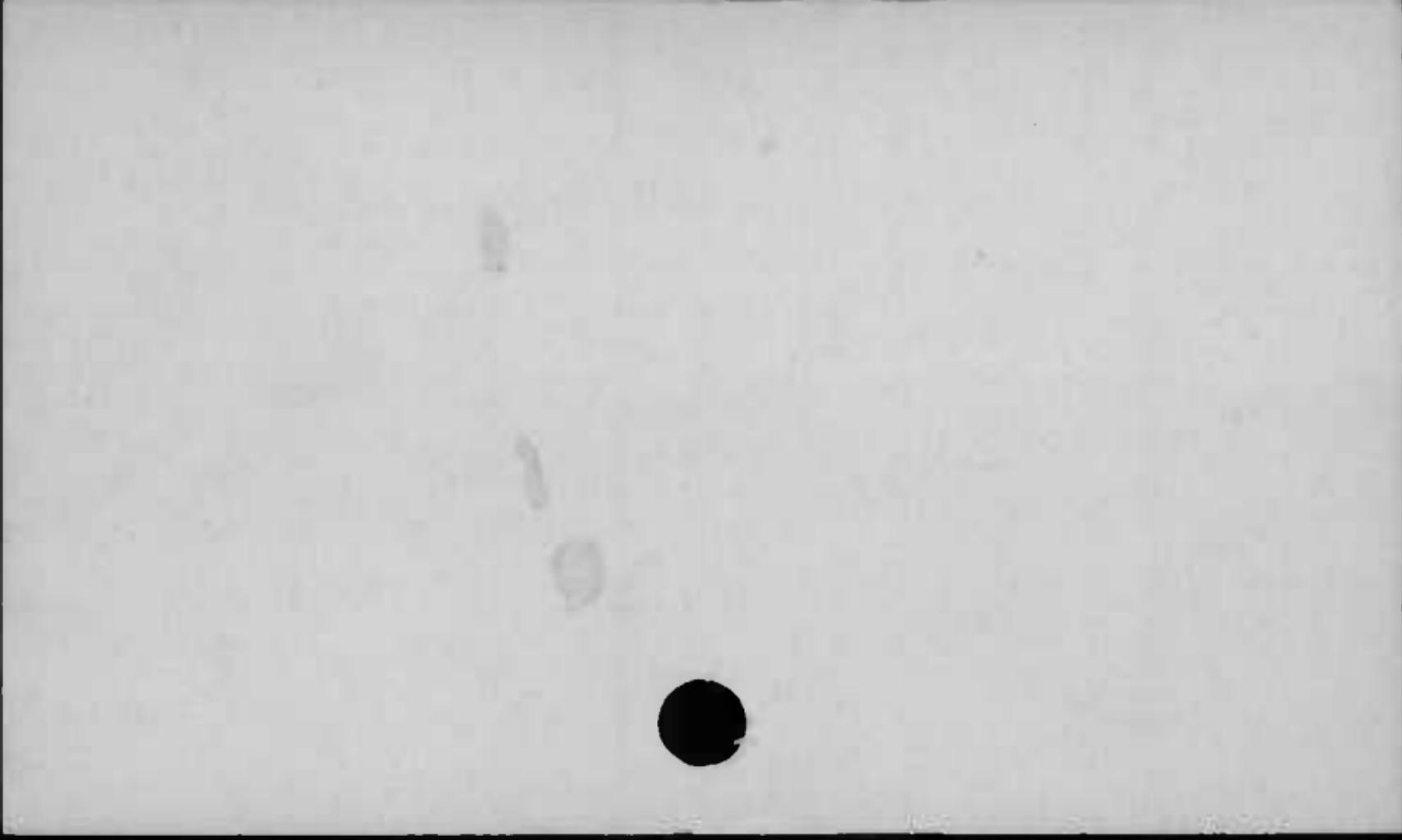
Address

Gl. Mills P.O.



St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George L. Cusick

Town

County

MARYLAND

Died at

Town Creek

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

January 13th

Age

71

St. Mary's

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3.

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

3 months

Death

Immediate

Deficiencies & Ages

Accident, Suicide, Homicide

Reported by

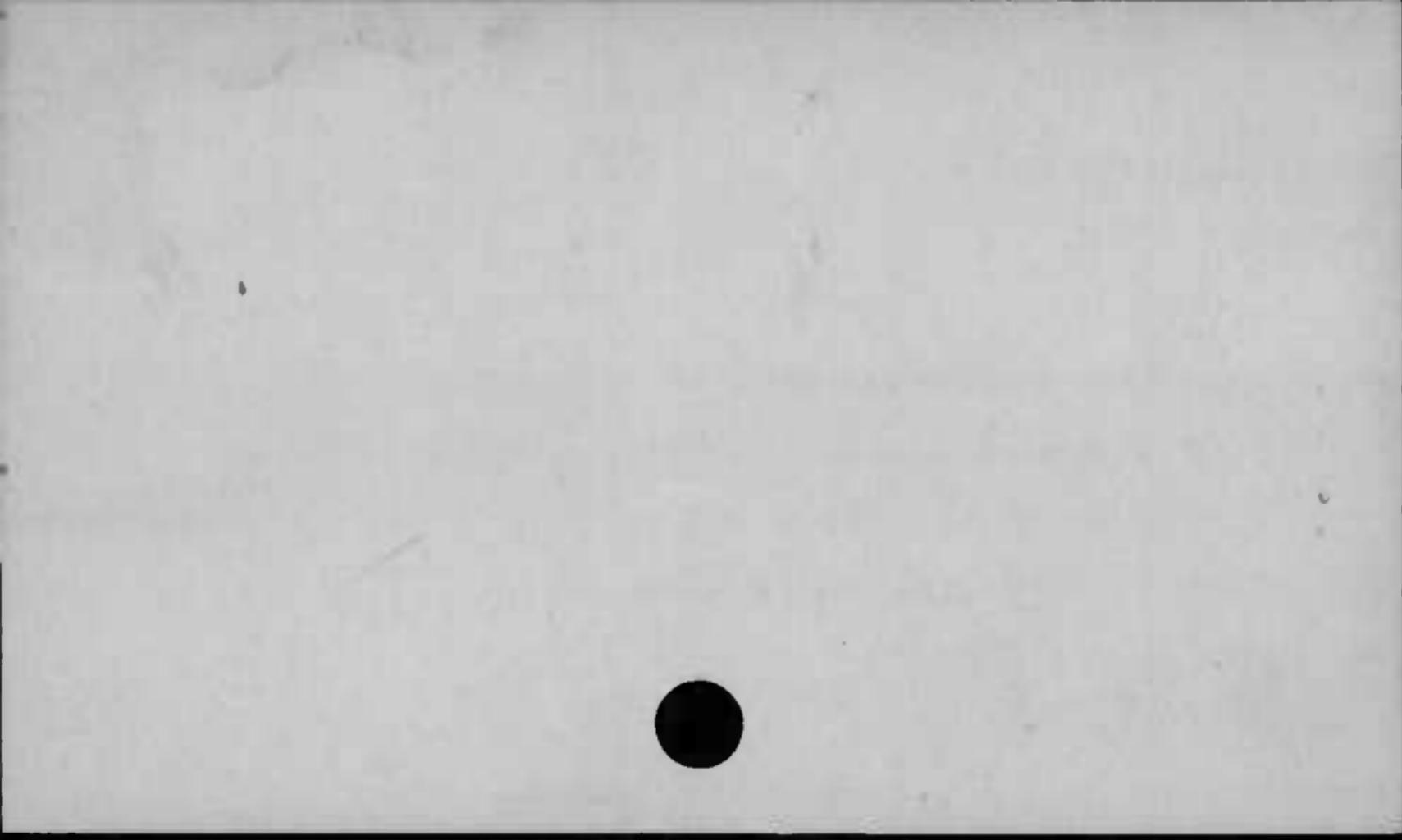
Henry Richardson M.D.

Address

Great Mills

Wd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary E. Greenwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Valley, Lee

Town

St. Marys

County

MARYLAND

Date of death 1904

Month

Day

Years

3

69

Months

Days

Age

Sex Female

Color or Race

Black

Birth-place

St. Marys Co.

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or Husband

Jessie Greenwell

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

Joseph C. Anderson

How related
to deceased

Son-in-Law

CAUSES OF DEATH

Primary

Senile Gangrene

117

How long

6 months

Immediate

Exhaustion

How long

four weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

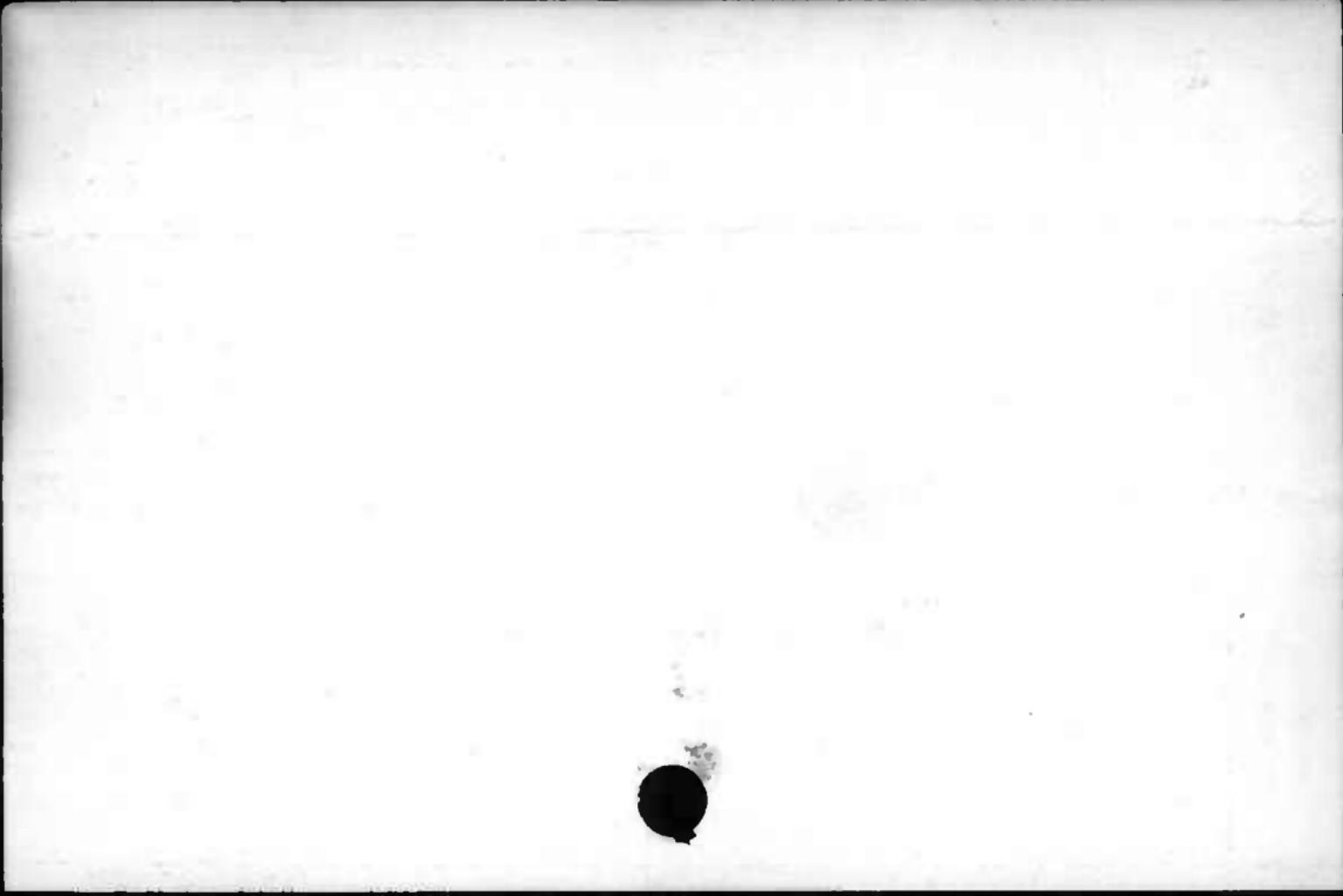
Signature of
Physician

T. Harper Lusk, M.D.

Address

Valley, Lee, Md.

Accident or Suicide?



Name
in
Full

Johnson Pair

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Monganya		Town	Howard		County	MARYLAND	
Date of death	1906	Month	12	Day	Years	Age	54
Sex	Female	Color or Race	Black		Birth- place	Hampstead	
Occupation	Housewife		Where Residing if not at place of death			—	
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs Pair				
Father's Name	—					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	
Name of person giving Information	Johnson Pair					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis (120) How long 18 months
Immediate Urinary Convulsion. Coma How long 4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

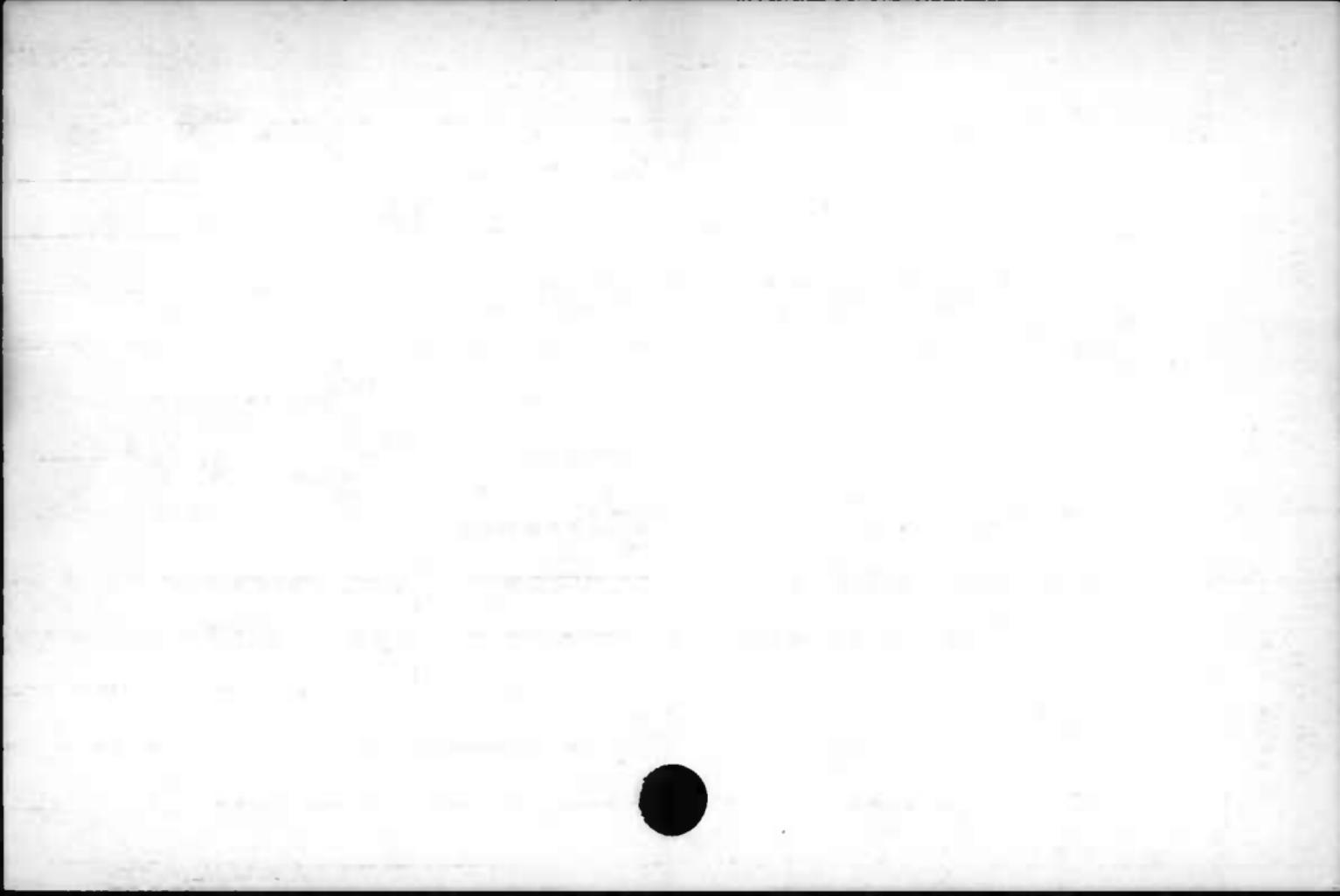
Signature of
Physician

Address

Thos Squire
Lemontown

Accident or Suicide?

✓



Name in Full

Certificate of Death

Ellen R. Reddick
 Town Jarboesville County St. Mary's MARYLAND

Died at Month Day Y. M. D. Native of Occupation
 Date 1906 1 3 50 U.S. Housekeeper
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 6

Husband of Wife Father's Name Father's Maiden Name Mother's Name
 Henry Bradburn Mary Bradburn
 Cause of Death Primary Tuberculosis How long sick
 Immediate 1 yr.
 Death Accident, Suicide, Homicide

Reported by L. T. Clarke Undertaker
 Address St. Mills St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

G. C. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Jan.	26	Age		0	
Sex	Male	Color or Race	white	Birth-place	md	
Occupation	none	Where Residing if not at place of death			md	
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	G. C. Thompson			Father's Birthplace	md	
Mother's Maiden Name	Mary wife			Mother's Birthplace	md	
Name of person giving information	Father			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease from Uterus How long 2020

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. St. L. S.
Cottage
Cottage, Md

Accident or Suicide?

✓



Name
in
Full

May Emily Young
Rin Youngs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town		st. County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	1	5	20	—	—	
Sex	Female	Color or Race	colored	Birth- place	and	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Lewis Jefferson					
Mother's Maiden Name	Margaret Jefferson					
Name of person giving Information	James Young					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	10 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Roll V. Palmer
		Address	Palmer Palmer and
Accident or Suicide?			

